
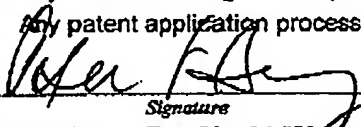


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): Bauder			1549.004
Serial No. 10/030,328	Filing Date 11/9/01	Examiner Goetz	Group Art Unit 3725
Invention: METHOD FOR PRODUCING A STRIP LIKE PRE-MATERIAL.....			
FAX RECEIVED MAR 24 2003 GROUP 3700			
I hereby certify that this <u>Amendment transmittal, Amendment and copy of EPO abstract and claims</u> (Identify type of correspondence)			
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(703) 872-9302</u>)			
on <u>March 24, 2003</u> (Date)			
<u>Wanda Ruggiera</u> (Typed or Printed Name of Person Signing Certificate)			
<u></u> (Signature)			
Note: Each paper must have its own certificate of mailing.			

AMENDMENT TRANSMITTAL LETTER (Small Entity)			Docket No. 1549.004		
Applicant(s): Bauder					
Serial No. 10/030,328	Filing Date 11/9/01	Examiner Goetz	Group Art Unit 3725		
Invention: METHOD FOR PRODUCING A STRIP LIKE PRE-MATERIAL....					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted. <input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	74 -	88 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	4 -	4 =	0 x	\$42.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-2105 A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
Signature  Peter L. Berger, Esq. Reg. No. 24,570 Levisohn, Lerner, Berger & Langsam, LLP 757 Third Avenue, Suite 2500 New York, New York 10017 Phone (212) 486-7272 Fax (212) 486-0323			Dated: March 24, 2003		
cc:			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.		
			Signature of Person Mailing Correspondence		
			Typed or Printed Name of Person Mailing Correspondence		